

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
Carol Shea-Porter for Congress

ADDRESS (number and street) P.O. Box 453  
Check if different than previously reported. (ACC) Rochester NH 03866

2. **FEC IDENTIFICATION NUMBER** C C00419978 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT  
NH 01

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Dimodica-Kulju

Signature of Treasurer Mary Dimodica-Kulju [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 31 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Carol Shea-Porter for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	211137.49	311033.03
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1150.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	211137.49	309883.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	81558.48	202635.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	9119.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	81558.48	193516.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	167526.60	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Carol Shea-Porter for Congress**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	102610.00	173010.00
(ii) Unitemized.....	28277.49	50145.34
(iii) TOTAL of contributions from individuals ▶	130887.49	223155.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	80250.00	87877.69
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	211137.49	311033.03
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	9119.22
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	211137.49	320152.25

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	81558.48	202635.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1150.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1150.00
21. OTHER DISBURSEMENTS .....	1280.00	4159.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	82838.48	207944.76

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	39227.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	211137.49
25. SUBTOTAL (add Line 23 and Line 24).....	250365.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	82838.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	167526.60

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marion T Adams**

Mailing Address 4 Cobblestone Way

City Exeter State NH Zip Code 03833-5323

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2015

**Transaction ID : VNVZQE1X4Z1**

Amount of Each Receipt this Period  
 200.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **52233.49**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : VNVZQE1X4Z1E**

Amount of Each Receipt this Period  
 200.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Marion T Adams**

Mailing Address 4 Cobblestone Way

City Exeter State NH Zip Code 03833-5323

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : VNVZQE4G9G8**

Amount of Each Receipt this Period  
 100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 / 2015  
**Transaction ID : VNVZQE4G9G8E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. James F Allmendinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Thompson Ln  
 City State Zip Code  
 Durham NH 03824-3019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NEA- NH Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 06 / 2015  
**Transaction ID : VNVZQE3HYQ3**  
 Amount of Each Receipt this Period  
 250.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 09 / 2015  
**Transaction ID : VNVZQE3HYQ3E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susan W Almy**

Mailing Address 266 Poverty Ln  
Unit 4B

City Lebanon State NH Zip Code 03766-2730

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 28 / 2015

**Transaction ID : VNVZQE2CEN2**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ed Anthes**

Mailing Address PO Box 301

City West Dummerston State VT Zip Code 05357-0301

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : VNVZQE1S3G0**

Amount of Each Receipt this Period  
200.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : VNVZQE1S3G0E**

Amount of Each Receipt this Period  
200.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew Appel**

Mailing Address 43 Philip Dr

City State Zip Code  
Princeton NJ 08540-5409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Princeton University Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : VNVZQE2PVQ3**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Chase Bailey**

Mailing Address 124 Heritage Ave  
Unit 10

City State Zip Code  
Portsmouth NH 03801-5645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Left Bank Films Filmmaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : VNVZQE2CFD2**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : VNVZQE2CFD2E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gail O Bates**

Mailing Address 7 Riverwoods Dr  
C208

City Exeter State NH Zip Code 03833-4382

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : VNVZQE3QXD9**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Beeuwkes**

Mailing Address 1360 Monument St

City Concord State MA Zip Code 01742-5322

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VNVZQE4G7D0**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Nancy Beeuwkes**

Mailing Address 1360 Monument St

City Concord State MA Zip Code 01742-5322

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VNVZQE4G7F6**

Amount of Each Receipt this Period  
1700.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Reinier Beeuwkes**

Mailing Address 1360 Monument St

City Concord State MA Zip Code 01742-5322

FEC ID number of contributing federal political committee. **C**

Name of Employer Ischemix Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4G7K8**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mark B Biron**

Mailing Address 29 Cinnamon Ridge Rd

City Somersworth State NH Zip Code 03878-1623

FEC ID number of contributing federal political committee. **C**

Name of Employer Internal Revenue Service Occupation Computer Programmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : VNVZQE3HYW3**

Amount of Each Receipt this Period  
 250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : VNVZQE3HYW3E**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 170  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John M Blackford**

Mailing Address 12 Sandstone Way

City Exeter State NH Zip Code 03833-4425

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Management Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4G7M6**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Pamela D Blackford**

Mailing Address 12 Sandstone Way

City Exeter State NH Zip Code 03833-4425

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4G7N3**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Breasted Smyth**

Mailing Address 134 Mount Mexico Rd

City Tamworth State NH Zip Code 03886-5509

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Writer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : VNVZQE4G9X0**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VNVZQE4G9X0E**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Eleanor Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86 Kings Hwy  
 City State Zip Code  
 Hancock NH 03449-5115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Photographer  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015  
**Transaction ID : VNVZQE38TD4**  
 Amount of Each Receipt this Period  
 1000.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : VNVZQE38TD4E**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara B Broderick**

Mailing Address 84 Bunker Hill Ave

City Stratham State NH Zip Code 03885-2408

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : VNVZQE2CFW0**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : VNVZQE2CFW0E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Barbara B Broderick**

Mailing Address 84 Bunker Hill Ave

City Stratham State NH Zip Code 03885-2408

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : VNVZQE38T79**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : VNVZQE38T79E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Barbara B Broderick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 84 Bunker Hill Ave  
 City State Zip Code  
 Stratham NH 03885-2408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015  
**Transaction ID : VNVZQE3T229**  
 Amount of Each Receipt this Period  
 100.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VNVZQE3T229E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sandra E Burt</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2015	
Mailing Address 77 Peacham Rd		<b>Transaction ID : VNVZQE3J412</b>	
City Center Barnstead	State NH	Zip Code 03225-3807	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Jed Callen</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2015	
Mailing Address 14 Shedd Rd		<b>Transaction ID : VNVZQE3MSQ7</b>	
City New Boston	State NH	Zip Code 03070-3611	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer BCM Env. & Land Law, PLLC	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
* Earmarked Contribution: See Below			

Full Name (Last, First, Middle Initial) <b>C. ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2015	
Mailing Address PO Box 382110		<b>Transaction ID : VNVZQE3MSQ7E</b>	
City Cambridge	State MA	Zip Code 02238-2110	
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation Conduit total listed in Agg. field		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 52233.49		
<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. Marcia Carsey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11601 Wilshire Blvd  
 Ste 1840  
 City Los Angeles State CA Zip Code 90025-1754  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self-Employed Occupation TV Producer  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015  
**Transaction ID : VNVZQE35MG2**  
 Amount of Each Receipt this Period  
 2700.00

**B. Alice Chamberlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 227 Burnt Hill Rd  
 City Warner State NH Zip Code 03278-4502  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self-Employed Occupation Attorney  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VNVZQE4G9S9**  
 Amount of Each Receipt this Period  
 250.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City Cambridge State MA Zip Code 02238-2110  
 FEC ID number of contributing federal political committee. C C00401224  
 Name of Employer Occupation Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VNVZQE4G9S9E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

2950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Malinda Chouinard**

Mailing Address 259 W Santa Clara St

City State Zip Code  
Ventura CA 93001-2545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lost Arrow Corp Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VNVZQE3R0M1**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : VNVZQE3R0M1E**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Helen A Connell**

Mailing Address 11 Garden St

City State Zip Code  
Somersworth NH 03878-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : VNVZQE38TF0**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015  
**Transaction ID : VNVZQE38TF0E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Jerry Lee Conner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Lance Ave  
 City State Zip Code  
 Londonderry NH 03053-2228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015  
**Transaction ID : VNVZQE2CFR9**  
 Amount of Each Receipt this Period  
 75.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : VNVZQE2CFR9E**  
 Amount of Each Receipt this Period  
 75.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

75.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jerry Lee Conner**

Mailing Address 1 Lance Ave

City Londonderry State NH Zip Code 03053-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2015

**Transaction ID : VNVZQE38T04**

Amount of Each Receipt this Period  
 75.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **52233.49**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2015

**Transaction ID : VNVZQE38T04E**

Amount of Each Receipt this Period  
 75.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Jerry Lee Conner**

Mailing Address 1 Lance Ave

City Londonderry State NH Zip Code 03053-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : VNVZQE3T1Z5**

Amount of Each Receipt this Period  
 75.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 30 2015  
**Transaction ID : VNVZQE3T1Z5E**  
 Amount of Each Receipt this Period  
 75.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Michael R Dater**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Pickering St  
 City State Zip Code  
 Portsmouth NH 03801-4627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Cartoonist  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 16 2015  
**Transaction ID : VNVZQE3MRZ7**  
 Amount of Each Receipt this Period  
 50.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 16 2015  
**Transaction ID : VNVZQE3MRZ7E**  
 Amount of Each Receipt this Period  
 50.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

50.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kelly C DeFeo**

Mailing Address 1564 Brownfield Rd

City State Zip Code  
Center Conway NH 03813-4712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Nurse Anesthetist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015

**Transaction ID : VNVZQE35J93**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**James M Demers**

Mailing Address 24 Foxcross Cir

City State Zip Code  
Concord NH 03301-6920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Demers Group Inc. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : VNVZQE3R1X2**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard E DesRoches**

Mailing Address PO Box 88

City State Zip Code  
Sanbornville NH 03872-0088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Energy Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : VNVZQE2CFN5**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : VNVZQE2CFN5E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Richard E DesRoches**

Mailing Address PO Box 88

City State Zip Code  
Sanbornville NH 03872-0088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Energy Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2015

**Transaction ID : VNVZQE38SY8**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2015

**Transaction ID : VNVZQE38SY8E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard E DesRoches**

Mailing Address PO Box 88

City Sanbornville State NH Zip Code 03872-0088

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Energy Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : VNVZQE3T1M9**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : VNVZQE3T1M9E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**James K Donnell**

Mailing Address 606 Norman Dr

City Cranberry Township State PA Zip Code 16066-4226

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VNVZQE3P9Q6**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Drake**

Mailing Address 369 Marion Ave

City Mill Valley State CA Zip Code 94941-2687

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2015

**Transaction ID : VNVZQE2A6R2**

Amount of Each Receipt this Period  
 1400.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrea Dudley**

Mailing Address PO Box 507

City Wolfeboro Falls State NH Zip Code 03896-0507

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VNVZQE2CFT5**

Amount of Each Receipt this Period  
 250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : VNVZQE2CFT5E**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1650.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Andrea Dudley**

Mailing Address **PO Box 507**

City **Wolfeboro Falls** State **NH** Zip Code **03896-0507**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 24 / 2015**

**Transaction ID : VNVZQE38TE2**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
**Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**52233.49**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 02 / 2015**

**Transaction ID : VNVZQE38TE2E**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Jan Dunn**

Mailing Address **23R Depot Rd**

City **Stratham** State **NH** Zip Code **03885-2104**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Toccata Consulting, Inc** Occupation **Treasurer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : VNVZQE4GAR4**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**350.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 / 2015  
**Transaction ID : VNVZQE4GAR4E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Joanne H Egerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Westcliff Rd  
 City State Zip Code  
 Weston MA 02493-1409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Homemaker  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 02 / 2015  
**Transaction ID : VNVZQE3F4S8**  
 Amount of Each Receipt this Period  
 1000.00  
 \* Earmarked Contribution: See Below

**C. JSTREET PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 33106  
 City State Zip Code  
 Washington DC 20033-0106  
 FEC ID number of contributing federal political committee. **C** C00441949  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 6700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 08 / 2015  
**Transaction ID : VNVZQE3F4S8E**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Janet J Epstein**

Mailing Address 415 Hillcrest Rd

City San Mateo State CA Zip Code 94402-1124

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015

**Transaction ID : VNVZQE16ME0**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : VNVZQE16ME0E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Martin Everett**

Mailing Address 91 Braeburn Ln

City Ashland State MA Zip Code 01721-4401

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VNVZQE16MQ1**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : VNVZQE16MQ1E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Harley G Featherston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Pleasant St  
 City State Zip Code  
 Salem NH 03079-2907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Retired  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : VNVZQE2CF17**  
 Amount of Each Receipt this Period  
 500.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : VNVZQE2CF17E**  
 Amount of Each Receipt this Period  
 500.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 170  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paula A Francese**

Mailing Address 181 High St

City Exeter State NH Zip Code 03833-3125

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2015

**Transaction ID : VNVZQE1S4K6**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : VNVZQE1S4K6E**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Martha Fuller Clark**

Mailing Address 152 Middle St

City Portsmouth State NH Zip Code 03801-4306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation State Senator  
 State of NH

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : VNVZQE35KQ4**

Amount of Each Receipt this Period  
2700.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015  
**Transaction ID : VNVZQE35KQ4E**  
 Amount of Each Receipt this Period  
 2700.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Martha Fuller Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Middle St  
 City State Zip Code  
 Portsmouth NH 03801-4306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 State of NH State Senator  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VNVZQE4G976**  
 Amount of Each Receipt this Period  
 2700.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VNVZQE4G976E**  
 Amount of Each Receipt this Period  
 2700.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Goodwin**

Mailing Address 66 Point O Pines Rd

City State Zip Code  
Wolfeboro NH 03894-4904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2015

**Transaction ID : VNVZQE35JN7**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Joan Granlund**

Mailing Address 23 Willow Ave

City State Zip Code  
North Hampton NH 03862-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 12 / 2015

**Transaction ID : VNVZQE2S4K6**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Rick P Griffin**

Mailing Address 529 Ocean Blvd

City State Zip Code  
Hampton NH 03842-3701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Hair Stylist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : VNVZQE3K6W8**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Katherine Gross**

Mailing Address 19 Arlington St

City State Zip Code  
Cambridge MA 02140-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Foundation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2015

**Transaction ID : VNVZQE16MT5**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015

**Transaction ID : VNVZQE16MT5E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Katherine Gross**

Mailing Address 19 Arlington St

City State Zip Code  
Cambridge MA 02140-2701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Foundation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2015

**Transaction ID : VNVZQE1S394**

Amount of Each Receipt this Period  
25.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

275.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 170  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : VNVZQE1S394E**

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Lee S Halprin**

Mailing Address 104 Irving St

City State Zip Code  
Cambridge MA 02138-2067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015

**Transaction ID : VNVZQE1S211**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Philip Hatcher**

Mailing Address 9 Woodland Rd

City State Zip Code  
Dover NH 03820-4232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University of NH Professor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2015

**Transaction ID : VNVZQE35M47**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015  
**Transaction ID : VNVZQE35M47E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Anne H Hess**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 E 18th St  
 City State Zip Code  
 New York NY 10003-3605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Program Development  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015  
**Transaction ID : VNVZQE4G8P4**  
 Amount of Each Receipt this Period  
 500.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VNVZQE4G8P4E**  
 Amount of Each Receipt this Period  
 500.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Arnold Hiatt**

Mailing Address 400 Atlantic Ave

City Boston State MA Zip Code 02110-3331

FEC ID number of contributing federal political committee. **C**

Name of Employer The A.M. Fund Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : VNVZQE4ZHY4**

Amount of Each Receipt this Period  
2000.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**JSTREET PAC**

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033-0106

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4ZHY4E**

Amount of Each Receipt this Period  
2000.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Thomas W Hildreth**

Mailing Address 15 Broad St

City Hollis State NH Zip Code 03049-5906

FEC ID number of contributing federal political committee. **C**

Name of Employer McLane, Graf, et. al., P.A. Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : VNVZQE1RJQ8**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lucius T Hill Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2015	
Mailing Address 7 Riverwoods Dr C128		<b>Transaction ID : VNVZQE3QXE7</b>	
City Exeter	State NH	Zip Code 03833-4387	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>B. Margaret C Hirshberg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2015	
Mailing Address 38 Via Tranquilla St		<b>Transaction ID : VNVZQE35K78</b>	
City Concord	State NH	Zip Code 03301-3250	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Writer		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
		* Earmarked Contribution: See Below	

Full Name (Last, First, Middle Initial) <b>C. ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 18 / 2015	
Mailing Address PO Box 382110		<b>Transaction ID : VNVZQE35K78E</b>	
City Cambridge	State MA	Zip Code 02238-2110	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C C00401224			
Name of Employer	Occupation Conduit total listed in Agg. field		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 52233.49		
		<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2950.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Field]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judith H Hoffman Hays**

Mailing Address 11 Abbott Ln

City Ossipee State NH Zip Code 03864-7188

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

**Transaction ID : VNVZQE1X956**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Judith H Hoffman Hays**

Mailing Address 11 Abbott Ln

City Ossipee State NH Zip Code 03864-7188

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : VNVZQE35HN5**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Judith H Hoffman Hays**

Mailing Address 11 Abbott Ln

City Ossipee State NH Zip Code 03864-7188

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : VNVZQE3R206**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**250.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William R Horner**

Mailing Address 66 Gull Rd

City Montauk State NY Zip Code 11954-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 23 / 2015

**Transaction ID : VNVZQE38T61**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : VNVZQE38T61E**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**William R Horner**

Mailing Address 66 Gull Rd

City Montauk State NY Zip Code 11954-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : VNVZQE3T211**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 170  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**52233.49**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**12 / 30 / 2015**

**Transaction ID : VNVZQE3T211E**

Amount of Each Receipt this Period  
 **50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Clif Horrigan**

Mailing Address **346 Pleasant St  
Apt 364**

City **Portsmouth** State **NH** Zip Code **03801-4536**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**N/A**    **Not Employed**

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 30 / 2015**

**Transaction ID : VNVZQE3HZH8**

Amount of Each Receipt this Period  
 **50.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**52233.49**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**12 / 09 / 2015**

**Transaction ID : VNVZQE3HZH8E**

Amount of Each Receipt this Period  
 **50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**50.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Clif Horrigan**

Mailing Address 346 Pleasant St  
Apt 364

City Portsmouth State NH Zip Code 03801-4536

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : VNVZQE3R155**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2015

**Transaction ID : VNVZQE3R155E**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Clif Horrigan**

Mailing Address 346 Pleasant St  
Apt 364

City Portsmouth State NH Zip Code 03801-4536

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : VNVZQE3R171**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **52233.49**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 23 / 2015**

**Transaction ID : VNVZQE3R171E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Clif Horrigan**

Mailing Address **346 Pleasant St  
Apt 364**

City **Portsmouth** State **NH** Zip Code **03801-4536**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Not Employed**

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : VNVZQE4GB30**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **52233.49**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2015**

**Transaction ID : VNVZQE4GB30E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ **50.00**

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Swanee Hunt**

Mailing Address 168 Brattle St

City State Zip Code  
Cambridge MA 02138-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hunt Alternatives President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 / 2015

**Transaction ID : VNVZQE4G7Q9**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**David Huot**

Mailing Address 19 Wildwood Rd

City State Zip Code  
Laconia NH 03246-2972

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 13 / 2015

**Transaction ID : VNVZQE1RJB5**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Harold W Janeway**

Mailing Address 225 Tyler Rd

City State Zip Code  
Webster NH 03303-7733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 28 / 2015

**Transaction ID : VNVZQE38GV5**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 170  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Theodore L Johnson**

Mailing Address 4136 Kensington High St

City Naples State FL Zip Code 34105-6646

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015

**Transaction ID : VNVZQE2CG67**

Amount of Each Receipt this Period  
 1000.00

2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Sarah Grace Jones**

Mailing Address PO Box 186

City Riderwood State MD Zip Code 21139-0186

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : VNVZQE1RJ74**

Amount of Each Receipt this Period  
 100.00

300.00

**C.** Full Name (Last, First, Middle Initial)  
**Sarah Grace Jones**

Mailing Address PO Box 186

City Riderwood State MD Zip Code 21139-0186

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2015

**Transaction ID : VNVZQE3R2J8**

Amount of Each Receipt this Period  
 100.00

400.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sheldon A Jones**

Mailing Address **PO Box 692**

City **Wolfeboro** State **NH** Zip Code **03894-0692**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		14		2015

**Transaction ID : VNVZQE3K790**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Frederick Kahan**

Mailing Address **2022 Brookside Dr**

City **Scotch Plains** State **NJ** Zip Code **07076-2602**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		12		2015

**Transaction ID : VNVZQE3PA31**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**Council for a Livable World Candidate Fund**

Mailing Address **322 4th St NE**

City **Washington** State **DC** Zip Code **20002-5824**

FEC ID number of contributing federal political committee. **C C00387555**

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2011.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		17		2015

**Transaction ID : VNVZQE3PA31E**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**500.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph H King**

Mailing Address 685 3rd Ave

City State Zip Code  
New York NY 10017-8429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Comic Book Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : VNVZQE1S2V4**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John Koza**

Mailing Address PO Box 1441

City State Zip Code  
Los Altos CA 94023-1441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 29 / 2015

**Transaction ID : VNVZQE38TK2**

Amount of Each Receipt this Period  
2700.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : VNVZQE38TK2E**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>Robert H. Lambert</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 08 / 2015
Mailing Address 104 Mendum Ave		<b>Transaction ID : VNVZQE3F4P4</b>
City Portsmouth	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Helen S Lauenstein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015
Mailing Address 4 Fieldstone Ct		<b>Transaction ID : VNVZQE1X8Y1</b>
City Exeter	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer N/A	Occupation Not Employed	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>Helen S Lauenstein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2015
Mailing Address 4 Fieldstone Ct		<b>Transaction ID : VNVZQE3J047</b>
City Exeter	State NH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer N/A	Occupation Not Employed	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 325.00	* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 09 / 2015

**Transaction ID : VNVZQE3J047E**

Amount of Each Receipt this Period  
25.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Henry Levine**

Mailing Address 5208 Edgemoor Ln

City State Zip Code  
Bethesda MD 20814-2342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Levine, Blaszak Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 25 / 2015

**Transaction ID : VNVZQE4ZHW8**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**JSTREET PAC**

Mailing Address PO Box 33106

City State Zip Code  
Washington DC 20033-0106

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VNVZQE4ZHW8E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anne R Lovett**

Mailing Address **PO Box 449**  
**117 Cromwell Pt Rd**

City **Holderness** State **NH** Zip Code **03245-0449**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		11		2015

**Transaction ID : VNVZQE3MSE6**

Amount of Each Receipt this Period  
**2700.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**52233.49**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		16		2015

**Transaction ID : VNVZQE3MSE6E**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Christopher H Lutz**

Mailing Address **75 Richdale Ave**  
**Ste 15**

City **Cambridge** State **MA** Zip Code **02140-2608**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Writer**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		19		2015

**Transaction ID : VNVZQE3QX89**

Amount of Each Receipt this Period  
**2450.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5150.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sally Lutz**

Mailing Address 75 Richdale Ave  
Ste 15

City Cambridge State MA Zip Code 02140-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Artist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2015

**Transaction ID : VNVZQE3QX71**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**John J Maguire**

Mailing Address 152 Independence Rd

City Concord State MA Zip Code 01742-2645

FEC ID number of contributing federal political committee. **C**

Name of Employer Maguire Associates, Inc. Occupation Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2015

**Transaction ID : VNVZQE3R6Q7**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Pat S Meyers**

Mailing Address 1330 Union St

City Manchester State NH Zip Code 03104-2045

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 21 / 2015

**Transaction ID : VNVZQE3QYC4**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2900.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John A Morrissey**

Mailing Address 93 Cottage Rd

City Moultonborough State NH Zip Code 03254-4802

FEC ID number of contributing federal political committee. **C**

Name of Employer Digital Network Vision, LLC Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 21 / 2015**

**Transaction ID : VNVZQE38SZ6**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **52233.49**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2015**

**Transaction ID : VNVZQE38SZ6E**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**John A Morrissey**

Mailing Address 93 Cottage Rd

City Moultonborough State NH Zip Code 03254-4802

FEC ID number of contributing federal political committee. **C**

Name of Employer Digital Network Vision, LLC Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : VNVZQE3T1N6**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**100.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 30 / 2015  
**Transaction ID : VNVZQE3T1N6E**  
 Amount of Each Receipt this Period  
 50.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Melanie T Muns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Nersesian Way  
 City State Zip Code  
 Hampton NH 03842-1561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Homemaker  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 / 2015  
**Transaction ID : VNVZQE4GAQ6**  
 Amount of Each Receipt this Period  
 150.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 / 2015  
**Transaction ID : VNVZQE4GAQ6E**  
 Amount of Each Receipt this Period  
 150.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vasilka V Nicolova**

Mailing Address 2 Spruce Ridge Dr

City State Zip Code  
Brentwood NH 03833-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**590.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : VNVZQE3F3E8**

Amount of Each Receipt this Period  
**90.00**

**B.** Full Name (Last, First, Middle Initial)  
**Vasilka V Nicolova**

Mailing Address 2 Spruce Ridge Dr

City State Zip Code  
Brentwood NH 03833-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**640.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : VNVZQE3HYB8**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Vasilka V Nicolova**

Mailing Address 2 Spruce Ridge Dr

City State Zip Code  
Brentwood NH 03833-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**670.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2015

**Transaction ID : VNVZQE3K7F8**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**170.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Vasilka V Nicolova**

Mailing Address 2 Spruce Ridge Dr

City State Zip Code  
Brentwood NH 03833-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**910.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4G7S5**

Amount of Each Receipt this Period  
**120.00**

**B.** Full Name (Last, First, Middle Initial)  
**Vasilka V Nicolova**

Mailing Address 2 Spruce Ridge Dr

City State Zip Code  
Brentwood NH 03833-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**910.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4G7T3**

Amount of Each Receipt this Period  
**120.00**

**C.** Full Name (Last, First, Middle Initial)  
**Eric Nordgren**

Mailing Address 6 Ryan Way

City State Zip Code  
Durham NH 03824-2916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : VNVZQE35MN1**

Amount of Each Receipt this Period  
**1500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1740.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 170  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gustav Papanek**

Mailing Address 2 Mason St

City Lexington State MA Zip Code 02421-6315

FEC ID number of contributing federal political committee. **C**

Name of Employer BIDE Occupation Economist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4GBB4**

Amount of Each Receipt this Period  
150.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4GBB4E**

Amount of Each Receipt this Period  
150.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Christopher C Pappas**

Mailing Address 629 Kearney Cir

City Manchester State NH Zip Code 03104-1885

FEC ID number of contributing federal political committee. **C**

Name of Employer Puritan Restaurant Occupation Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 08 / 2015

**Transaction ID : VNVZQE3MR93**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2015	
Mailing Address PO Box 382110		<b>Transaction ID : VNVZQE3MR93E</b>	
City Cambridge	State MA	Zip Code 02238-2110	
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 250.00	
Name of Employer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Conduit total listed in Agg. field Election Cycle-to-Date 52233.49		

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial) <b>Diane W. Parker</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015	
Mailing Address PO Box 1011		<b>Transaction ID : VNVZQE4G7R7</b>	
City Thomasville	State GA	Zip Code 31799-1011	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retail Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>Lenin Pellegrino</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2015	
Mailing Address 2550 N Halsted St		<b>Transaction ID : VNVZQE3R1N1</b>	
City Chicago	State IL	Zip Code 60614-2348	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired Election Cycle-to-Date 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara E Richardson**

Mailing Address 36 Foxcross Cir

City Concord State NH Zip Code 03301-6920

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015

**Transaction ID : VNVZQE3KGT4**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter Richardson**

Mailing Address 10 White Oak Dr  
Apt 113

City Exeter State NH Zip Code 03833-5320

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2015

**Transaction ID : VNVZQE3HZW5**

Amount of Each Receipt this Period  
 100.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : VNVZQE3HZW5E**

Amount of Each Receipt this Period  
 100.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Abby A Rockefeller**

Mailing Address 104 Irving St

City Cambridge State MA Zip Code 02138-2067

FEC ID number of contributing federal political committee. **C**

Name of Employer Clivus Multrum Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2015

**Transaction ID : VNVZQE3R2E7**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles S Rodgers**

Mailing Address 100 Belvidere St  
Unit 8G

City Boston State MA Zip Code 02199-7622

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : VNVZQE3T1S8**

Amount of Each Receipt this Period  
 2700.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : VNVZQE3T1S8E**

Amount of Each Receipt this Period  
 2700.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Francene S Rodgers</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015	
Mailing Address 100 Belvidere St Unit 8G		<b>Transaction ID : VNVZQE3T1P4</b>	
City Boston State MA Zip Code 02199-7622	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	* Earmarked Contribution: See Below		
Name of Employer N/A Occupation Retired	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 2000.00			

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2015	
Mailing Address PO Box 382110		<b>Transaction ID : VNVZQE3T1P4E</b>	
City Cambridge State MA Zip Code 02238-2110	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C C00401224	[MEMO ITEM] Note: Above Contribution earmarked through this organization.		
Name of Employer Occupation Conduit total listed in Agg. field	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 52233.49			

Full Name (Last, First, Middle Initial) <b>C. Eric Rowe</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2015	
Mailing Address PO Box 298		<b>Transaction ID : VNVZQE3KEQ6</b>	
City Strafford State NH Zip Code 03884-0298	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date 1500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Field]

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Malcolm W Sandberg**

Mailing Address 15 Langley Rd

City State Zip Code  
Durham NH 03824-3424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : VNVZQE35JQ3**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**David Sanderson**

Mailing Address 248 Spinney Rd

City State Zip Code  
Portsmouth NH 03801-5099

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : VNVZQE2CDE4**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**David Sanderson**

Mailing Address 248 Spinney Rd

City State Zip Code  
Portsmouth NH 03801-5099

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : VNVZQE3QY74**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William H Shaheen**

Mailing Address 73 Perkins Rd

City Madbury State NH Zip Code 03823-7612

FEC ID number of contributing federal political committee. **C**

Name of Employer Shaheen & Gordon PA Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4GA87**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4GA87E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Norma Shapiro**

Mailing Address 24 Allen Farm Ln

City Concord State MA Zip Code 01742-2201

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : VNVZQE4ZJ41**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JSTREET PAC**

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033-0106

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 6700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4ZJ41E**

Amount of Each Receipt this Period  
 500.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Terry Shumaker**

Mailing Address 219 Mountain Rd

City Concord State NH Zip Code 03301-6946

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Bernstein Shur Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : VNVZQE3K709**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael A Simpson**

Mailing Address 10 Somerset Pl

City Wilmington State MA Zip Code 01887-2124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Bank of New York Mellon Accounting Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015

**Transaction ID : VNVZQE2CET2**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Martin F Smith Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 195 Dover Point Rd # 303		<b>Transaction ID : VNVZQE3QXX5</b>
City Dover State NH Zip Code 03820-9147	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer N/A Occupation Retired	Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Martin F Smith Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015
Mailing Address 195 Dover Point Rd # 303		<b>Transaction ID : VNVZQE3QXY3</b>
City Dover State NH Zip Code 03820-9147	Amount of Each Receipt this Period 2700.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer N/A Occupation Retired	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Richard H Snow</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2015
Mailing Address PO Box 10037 127 Depot Road		<b>Transaction ID : VNVZQE2CFB6</b>
City East Candia State NH Zip Code 03040-0037	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		* Earmarked Contribution: See Below
Name of Employer Self-Employed Occupation Management Consultant	Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5025.00
<b>TOTAL</b> This Period (last page this line number only).....	5025.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2015  
**Transaction ID : VNVZQE2CFB6E**  
 Amount of Each Receipt this Period  
 25.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Richard H Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 10037  
 127 Depot Road  
 City State Zip Code  
 East Candia NH 03040-0037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Management Consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015  
**Transaction ID : VNVZQE38SR1**  
 Amount of Each Receipt this Period  
 25.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2015  
**Transaction ID : VNVZQE38SR1E**  
 Amount of Each Receipt this Period  
 25.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

25.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard H Snow**

Mailing Address **PO Box 10037**  
**127 Depot Road**

City **East Candia** State **NH** Zip Code **03040-0037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Management Consultant**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		20		2015

**Transaction ID : VNVZQE3R1J8**

Amount of Each Receipt this Period  
**25.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation **Conduit total listed in Agg. field**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**52233.49**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		23		2015

**Transaction ID : VNVZQE3R1J8E**

Amount of Each Receipt this Period  
**25.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Hilda Sokol**

Mailing Address **80 Lyme Rd**  
**Apt 1022**

City **Hanover** State **NH** Zip Code **03755-1237**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Retired**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		08		2015

**Transaction ID : VNVZQE1S3P7**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**75.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : VNVZQE1S3P7E**  
 Amount of Each Receipt this Period  
 50.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Robert B Spiegelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 Auburn St  
 City State Zip Code  
 Concord NH 03301-3002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BTHR Solutions HR Consultant  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2015  
**Transaction ID : VNVZQE2PV61**  
 Amount of Each Receipt this Period  
 150.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2015  
**Transaction ID : VNVZQE2PV61E**  
 Amount of Each Receipt this Period  
 150.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

150.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert B Spiegelman**

Mailing Address 13 Auburn St

City Concord State NH Zip Code 03301-3002

FEC ID number of contributing federal political committee. **C**

Name of Employer: BTHR Solutions Occupation: HR Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **825.00**

Date of Receipt: **11 / 26 / 2015**

**Transaction ID : VNVZQE38TH6**

Amount of Each Receipt this Period: **150.00**

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **52233.49**

Date of Receipt: **12 / 02 / 2015**

**Transaction ID : VNVZQE38TH6E**

Amount of Each Receipt this Period: **150.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**John Stadler**

Mailing Address 12 Justine Ct

City Briarcliff State NY Zip Code 10510-2534

FEC ID number of contributing federal political committee. **C**

Name of Employer: N/A Occupation: Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **400.00**

Date of Receipt: **12 / 28 / 2015**

**Transaction ID : VNVZQE3R1P9**

Amount of Each Receipt this Period: **150.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**300.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Stockman**

Mailing Address 1517 S St NW  
Apt B

City Washington State DC Zip Code 20009-7852

FEC ID number of contributing federal political committee. **C**

Name of Employer US Department of Justice Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2015

**Transaction ID : VNVZQE1S4M4**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2015

**Transaction ID : VNVZQE1S4M4E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Faye M Straus**

Mailing Address 318 Maverick Ct

City Lafayette State CA Zip Code 94549-1811

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : VNVZQE3F4K0**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen N Sullivan**

Mailing Address 192 S Mammoth Rd

City Manchester State NH Zip Code 03109-4908

FEC ID number of contributing federal political committee. **C**

Name of Employer Wadleigh Starr & Peters PLLC Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 15 / 2015

**Transaction ID : VNVZQE3R0K3**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : VNVZQE3R0K3E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**S. Donald Sussman**

Mailing Address 888E Las Olas Blvd

City Ft Lauderdale State FL Zip Code 33301-2225

FEC ID number of contributing federal political committee. **C**

Name of Employer Paloma Partners Management Company Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2015

**Transaction ID : VNVZQE1S3F2**

Amount of Each Receipt this Period  
2700.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : VNVZQE1S3F2E**  
 Amount of Each Receipt this Period  
 2700.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Barbara K Sweet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 161  
 City State Zip Code  
 New Castle NH 03854-0161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Camp Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2015  
**Transaction ID : VNVZQE3T2C8**  
 Amount of Each Receipt this Period  
 1000.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VNVZQE3T2C8E**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John E Tener**

Mailing Address 23 Stafford Rd

City State Zip Code  
Newton MA 02459-1818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : VNVZQE4G9P5**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VNVZQE4G9P5E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Sylvia L Thayer**

Mailing Address 322 Hare Rd

City State Zip Code  
Milton NH 03851-4716

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2015

**Transaction ID : VNVZQE3J039**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

350.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : VNVZQE3J039E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Kari Thurman**

Mailing Address 37 Mammoth Rd

City State Zip Code  
Manchester NH 03109-4301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ann McLane Kuster for Congress Finance Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : VNVZQE3MRD5**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : VNVZQE3MRD5E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 170  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sidney Topol**

Mailing Address 33 Commonwealth Ave  
Apt 5

City Boston State MA Zip Code 02116-2353

FEC ID number of contributing federal political committee. **C**

Name of Employer The Topol Group, LLC Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2015

**Transaction ID : VNVZQE3SK35**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**JSTREET PAC**

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033-0106

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
6700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015

**Transaction ID : VNVZQE3SK35E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Elsie P Van Buren**

Mailing Address 144 Kimball Rd

City Hancock State NH Zip Code 03449-6201

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2015

**Transaction ID : VNVZQE16MD2**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2015  
**Transaction ID : VNVZQE16MD2E**  
 Amount of Each Receipt this Period  
 1000.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Mike Vlacich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Snow Pond Rd  
 City State Zip Code  
 Concord NH 03301-6936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hillary for America NH State Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VNVZQE4GA95**  
 Amount of Each Receipt this Period  
 250.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VNVZQE4GA95E**  
 Amount of Each Receipt this Period  
 250.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Judith L Wagner**

Mailing Address 63 French Rd

City State Zip Code  
Gilmanton NH 03237-5502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : VNVZQE2PVA1**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2015

**Transaction ID : VNVZQE2PVA1E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Judith L Wagner**

Mailing Address 63 French Rd

City State Zip Code  
Gilmanton NH 03237-5502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

**Transaction ID : VNVZQE3HZA3**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 170  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : VNVZQE3HZA3E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Judith L Wagner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 63 French Rd  
 City State Zip Code  
 Gilmanton NH 03237-5502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Not Employed  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VNVZQE4G9B8**  
 Amount of Each Receipt this Period  
 100.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VNVZQE4G9B8E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George Wallerstein**

Mailing Address 2604 NE 70th St

City State Zip Code  
Seattle WA 98115-5830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2015

**Transaction ID : VNVZQE1X6C5**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**Council for a Livable World Candidate Fund**

Mailing Address 322 4th St NE

City State Zip Code  
Washington DC 20002-5824

FEC ID number of contributing federal political committee. **C** C00387555

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2011.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : VNVZQE1X6C5E**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Carl Wallman**

Mailing Address 320 Clough Rd

City State Zip Code  
Pittsfield NH 03263-3106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 08 / 2015

**Transaction ID : VNVZQE1X906**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Weir**

Mailing Address 2 Larchwood Dr

City Cambridge State MA Zip Code 02138-4618

FEC ID number of contributing federal political committee. **C**

Name of Employer Joslin Diabetes Center Occupation Scientist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VNVZQE1X5Q9**

Amount of Each Receipt this Period  
 250.00

250.00

**B.** Full Name (Last, First, Middle Initial)  
**Katherine Wells Wheeler**

Mailing Address 27 Mill Rd

City Durham State NH Zip Code 03824-3006

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : VNVZQE1X4N2**

Amount of Each Receipt this Period  
 500.00

500.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2015

**Transaction ID : VNVZQE1X4N2E**

Amount of Each Receipt this Period  
 500.00

500.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Katherine Wells Wheeler**

Mailing Address 27 Mill Rd

City State Zip Code  
Durham NH 03824-3006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 30 / 2015

**Transaction ID : VNVZQE2PVB9**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 04 / 2015

**Transaction ID : VNVZQE2PVB9E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Katherine Wells Wheeler**

Mailing Address 27 Mill Rd

City State Zip Code  
Durham NH 03824-3006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : VNVZQE3HQB1**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

200.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015  
**Transaction ID : VNVZQE3HZB1E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B. Katherine Wells Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 Mill Rd  
 City State Zip Code  
 Durham NH 03824-3006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A Not Employed  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : VNVZQE4G9C6**  
 Amount of Each Receipt this Period  
 100.00  
 \* Earmarked Contribution: See Below

**C. ActBlue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 382110  
 City State Zip Code  
 Cambridge MA 02238-2110  
 FEC ID number of contributing federal political committee. **C** C00401224  
 Name of Employer Occupation  
 Conduit total listed in Agg. field  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : VNVZQE4G9C6E**  
 Amount of Each Receipt this Period  
 100.00  
**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ann R Welsh**

Mailing Address 3 Fairchild Dr

City State Zip Code  
Durham NH 03824-1945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2015

**Transaction ID : VNVZQE3R297**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Carden N Welsh**

Mailing Address 3 Fairchild Dr

City State Zip Code  
Durham NH 03824-1945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2015

**Transaction ID : VNVZQE3R2A5**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Terry Winograd**

Mailing Address 746 Esplanada Way

City State Zip Code  
Stanford CA 94305-1073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : VNVZQE4ZJ17**

Amount of Each Receipt this Period  
2700.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JSTREET PAC**

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033-0106

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VNVZQE4ZJ17E**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Stephen G. Woodsum**

Mailing Address PO Box 449  
117 Cromwell Pt. Rd.

City Holderness State NH Zip Code 03245-0449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Summit Partners Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : VNVZQE3MSJ7**

Amount of Each Receipt this Period  
2700.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : VNVZQE3MSJ7E**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen G. Woodsum**

Mailing Address PO Box 449  
117 Cromwell Pt. Rd.

City State Zip Code  
Holderness NH 03245-0449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Summit Partners Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015

**Transaction ID : VNVZQE3MSK5**

Amount of Each Receipt this Period  
2700.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2015

**Transaction ID : VNVZQE3MSK5E**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Peg Yorkin**

Mailing Address 21348 Pacific Coast Hwy

City State Zip Code  
Malibu CA 90265-5203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

**Transaction ID : VNVZQE3JOK5**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2015

**Transaction ID : VNVZQE3J0K5E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Peg Yorkin**

Mailing Address 21348 Pacific Coast Hwy

City State Zip Code  
Malibu CA 90265-5203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Not Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2015

**Transaction ID : VNVZQE3R113**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ActBlue**

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
52233.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : VNVZQE3R113E**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

50.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 170
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Zevin**

Mailing Address 325 Franklin St  
# 3

City State Zip Code  
Cambridge MA 02139-3191

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United States Trust Company Economist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : VNVZQE2CGH4**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

102610.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**A New Direction PAC**

Mailing Address **PO Box 75357**

City **Washington** State **DC** Zip Code **20013-0357**

FEC ID number of contributing federal political committee. **C C00458570**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 30 / 2015**

**Transaction ID : VNVZQE3SK01**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**American Postal Workers Union Committee on Political Action**

Mailing Address **1300 L St NW**

City **Washington** State **DC** Zip Code **20005-4128**

FEC ID number of contributing federal political committee. **C C00010322**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 24 / 2015**

**Transaction ID : VNVZQE35MM3**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERIPAC: The Fund for a Greater America**

Mailing Address **499 S Capitol St SW  
Ste 414**

City **Washington** State **DC** Zip Code **20003-4009**

FEC ID number of contributing federal political committee. **C C00271338**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2016  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2015**

**Transaction ID : VNVZQE1RJK7**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **5000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

\_\_\_\_\_ **8000.00**

\_\_\_\_\_

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ARTICLE 1 POLITICAL ACTION COMMITTEE**

Mailing Address 1050 17th St NW  
Ste 590

City Washington State DC Zip Code 20036-5592

FEC ID number of contributing federal political committee. **C** C00461624

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2015

**Transaction ID : VNVZQE3QX97**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**Democratic Congressional Campaign Committee**

Mailing Address 430 S Capitol St SE  
Fl 2

City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2015

**Transaction ID : VNVZQE3QX97E**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Brotherhood of Locomotive Engineers and Trainmen PAC Fund**

Mailing Address 25 Louisiana Ave NW

City Washington State DC Zip Code 20001-2130

FEC ID number of contributing federal political committee. **C** C00099234

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2015

**Transaction ID : VNVZQE3K782**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carpenters Legislative Improvement Committee**

Mailing Address 101 Constitution Ave NW  
10 Fl West

City Washington State DC Zip Code 20001-2147

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2015

**Transaction ID : VNVZQE3P9W6**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE**

Mailing Address 501 3rd St NW

City Washington State DC Zip Code 20001-2797

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4G7G4**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**D.R.I.V.E. DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS)**

Mailing Address 25 Louisiana Ave NW

City Washington State DC Zip Code 20001-2130

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : VNVZQE1X5R7**

Amount of Each Receipt this Period  
 5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. DEMOCRATS RESHAPING AMERICA (DREAMPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 410 1st St SE  
Ste 310  
City Washington State DC Zip Code 20003-1819

FEC ID number of contributing federal political committee. **C C00423079**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : VNVZQE3QY17**

Amount of Each Receipt this Period  
**1000.00**

**B. DIANA DEGETTE FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 61337  
City Denver State CO Zip Code 80206-8337

FEC ID number of contributing federal political committee. **C C00311639**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 21 / 2015**

**Transaction ID : VNVZQE3QXZ1**

Amount of Each Receipt this Period  
**1000.00**

**C. DOGGETT FOR US CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1157 San Bernard St  
City Austin State TX Zip Code 78702-2029

FEC ID number of contributing federal political committee. **C C00286500**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 17 / 2015**

**Transaction ID : VNVZQE3P9X4**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 170  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**END CITIZENS UNITED**

Mailing Address 1050 17TH STREET NW SUITE 590

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00573261

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 9500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VNVZQE3KKR4**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**END CITIZENS UNITED**

Mailing Address 1050 17TH STREET NW SUITE 590

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00573261

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 9500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VNVZQE3KKS2**

Amount of Each Receipt this Period  
4500.00

**C.** Full Name (Last, First, Middle Initial)  
**GIVING WILLINGLY EMPOWERING NATIONALLY (GWEN) PAC**

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

FEC ID number of contributing federal political committee. **C** C00431478

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 30 / 2015

**Transaction ID : VNVZQE3SK19**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

10500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Grassroots Organizing Acting & Leading PAC**

Mailing Address PO Box 30344

City State Zip Code  
Bethesda MD 20824-0344

FEC ID number of contributing federal political committee. **C C00381996**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2015

**Transaction ID : VNVZQE3SFX2**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Hoyer for Congress**

Mailing Address 700 13th St NW  
Ste 600

City State Zip Code  
Washington DC 20005-3960

FEC ID number of contributing federal political committee. **C C00140715**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2015

**Transaction ID : VNVZQE1RJM5**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL COMMITTEE

Mailing Address 7234 Parkway Dr

City State Zip Code  
Hanover MD 21076-1307

FEC ID number of contributing federal political committee. **C C00000885**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2015

**Transaction ID : VNVZQE3R289**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Larsen for Senate**

Mailing Address 23 Kensington Rd

City State Zip Code  
Concord NH 03301-2528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 23 2015

**Transaction ID : VNVZQE3QYW8**

Amount of Each Receipt this Period  
250.00

Comprised of Permissible Funds

**B.** Full Name (Last, First, Middle Initial)  
**Leadership That Listens PAC**

Mailing Address PO Box 44084

City State Zip Code  
Fort Washington MD 20749-4084

FEC ID number of contributing federal political committee. **C** C00456905

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 21 2015

**Transaction ID : VNVZQE3QY33**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MAC PAC**

Mailing Address PO Box 60405

City State Zip Code  
Worcester MA 01606-0405

FEC ID number of contributing federal political committee. **C** C00461251

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2015

**Transaction ID : VNVZQE4G7H2**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Pelosi for Congress**

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-3960

FEC ID number of contributing federal political committee. **C C00213512**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2015

**Transaction ID : VNVZQE3R2B3**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Off the Sidelines PAC**

Mailing Address PO Box 78182

City Washington State DC Zip Code 20013-9182

FEC ID number of contributing federal political committee. **C C00525600**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : VNVZQE3F4G7**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Off the Sidelines PAC**

Mailing Address PO Box 78182

City Washington State DC Zip Code 20013-9182

FEC ID number of contributing federal political committee. **C C00525600**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2015

**Transaction ID : VNVZQE3F4H5**

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

12000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Tonko for Congress**

Mailing Address 911 Central Ave  
PO Box 221

City Albany State NY Zip Code 12206-1350

FEC ID number of contributing federal political committee. **C** C00450049

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : VNVZQE4G7J0**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Rick de La Fuente, Machinists Non-Partisan Political League**

Mailing Address 9000 Machinists Pl

City Upper Marlboro State MD Zip Code 20772-2675

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : VNVZQE3QYQ9**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Sheet Metal Workers' Int'l Assoc PAL**

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5301

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2015

**Transaction ID : VNVZQE3QYT2**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 170  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SHORE PAC**

Mailing Address PO Box 3157

City State Zip Code  
Long Branch NJ 07740-3157

FEC ID number of contributing federal political committee. **C C00410308**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : VNVZQE3KKT0**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**THE US CAMPAIGN FUND**

Mailing Address 499 S Capitol St SW Ste 422

City State Zip Code  
Washington DC 20003-4028

FEC ID number of contributing federal political committee. **C C00575662**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2015

**Transaction ID : VNVZQE3R2D9**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**TURQUOISE PAC**

Mailing Address 1050 17th St NW Ste 590

City State Zip Code  
Washington DC 20036-5592

FEC ID number of contributing federal political committee. **C C00517235**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VNVZQE4GBV0**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 S Capitol St SE  
FI 2  
City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VNVZQE4GBV0E**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B. United Food & Commercial Workers International Union Active Ballot Club**

Full Name (Last, First, Middle Initial)  
Mailing Address 1775 K St NW  
City Washington State DC Zip Code 20006-1521

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VNVZQE4GBW6**

Amount of Each Receipt this Period  
5000.00

\* Earmarked Contribution: See Below

**C. Democratic Congressional Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 S Capitol St SE  
FI 2  
City Washington State DC Zip Code 20003-4024

FEC ID number of contributing federal political committee. **C** C00000935

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : VNVZQE4GBW6E**

Amount of Each Receipt this Period  
5000.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 170
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**United Transportation Union PAC**

Mailing Address 24950 Country Club Blvd  
Ste 340

City North Olmsted State OH Zip Code 44070-5333

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2015

**Transaction ID : VNVZQE3R1V7**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

80250.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 82.39 <b>Transaction ID : VNV0F9S3CZ5</b>
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 178.39 <b>Transaction ID : VNV0F9S6GM9</b>
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 31.19 <b>Transaction ID : VNV0F9S6XS7</b>
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	291.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 72.09
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name		Transaction ID : VNV0F9S8264
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 27.20
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name		Transaction ID : VNV0F9S8Y64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 15.76
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name		Transaction ID : VNV0F9S8YG3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	115.05
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 263.11
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : VNV0F9SDVW0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 24.52
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : VNV0F9SB337
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 183.08
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : VNV0F9SB6P4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	470.71
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 97.98
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name		Transaction ID : VNV0F9SCQP8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 384.84
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name		Transaction ID : VNV0F9SD4W3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 80.61
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name		Transaction ID : VNV0F9SDN07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	563.43
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 266.12
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : VNV0F9SDW83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 357.54
City Somerville State MA Zip Code 02144-3132	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	Transaction ID : VNV0F9SESH6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 103.10
City Fort Worth State TX Zip Code 76155-2664	Purpose of Disbursement Travel	
Candidate Name	Category/Type	Transaction ID : VNV0F9S6HJ6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	726.76
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 4333 Amon Carter Blvd		Amount of Each Disbursement this Period 5721.76 <b>Transaction ID : VNV0F9S6HK4</b>
City Fort Worth	State TX	
Zip Code 76155-2664	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Naomi Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 80 Woodlands Dr		Amount of Each Disbursement this Period 2809.33 <b>Transaction ID : VNV0F9S6YA1</b>
City Epping	State NH	
Zip Code 03042-2317	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Naomi Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 80 Woodlands Dr		Amount of Each Disbursement this Period 2809.33 <b>Transaction ID : VNV0F9S6YB9</b>
City Epping	State NH	
Zip Code 03042-2317	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5721.76
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Naomi Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 80 Woodlands Dr		Amount of Each Disbursement this Period 2809.33 <b>Transaction ID : VNV0F9S9263</b>
City Epping State NH Zip Code 03042-2317	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Naomi Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 80 Woodlands Dr		Amount of Each Disbursement this Period 203.00 <b>Transaction ID : VNV0F9S9271</b>
City Epping State NH Zip Code 03042-2317	Purpose of Disbursement Reimbs - Travel, Food/Beverage, Ofc Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 79.00 <b>Transaction ID : VNV0F9S9297</b>
City Framingham State MA Zip Code 01702-4474	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3012.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Naomi Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 80 Woodlands Dr		Amount of Each Disbursement this Period 3056.83 <b>Transaction ID : VNV0F9SBC11</b>
City Epping State NH Zip Code 03042-2317	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Naomi Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 80 Woodlands Dr		Amount of Each Disbursement this Period 3056.83 <b>Transaction ID : VNV0F9SDYW7</b>
City Epping State NH Zip Code 03042-2317	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Naomi Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 80 Woodlands Dr		Amount of Each Disbursement this Period 3428.08 <b>Transaction ID : VNV0F9SDYX4</b>
City Epping State NH Zip Code 03042-2317	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9541.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Naomi Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 80 Woodlands Dr		Amount of Each Disbursement this Period 182.60 <b>Transaction ID : VNV0F9SDYY2</b>
City Epping	State NH	
Zip Code 03042-2317	Purpose of Disbursement Reimb - Telephone Equip, Food/Bev, Ofc Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 30.67 <b>Transaction ID : VNV0F9SDZ40</b>
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Telephone Equipment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 79.00 <b>Transaction ID : VNV0F9SDZ24</b>
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> *

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	182.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Starbucks</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 2401 Utah Ave S		Amount of Each Disbursement this Period 5.72
City Seattle	State WA	
Zip Code 98134-1435	Purpose of Disbursement Food/Beverage	Transaction ID : VNV0F9SDZ08
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Naomi Andrews</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 80 Woodlands Dr		Amount of Each Disbursement this Period 3428.08
City Epping	State NH	
Zip Code 03042-2317	Purpose of Disbursement Salary	Transaction ID : VNV0F9SETA4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 307.25
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Telecommunications Services	Transaction ID : VNV0F9S9018
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3735.33
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 309.50 <b>Transaction ID : VNV0F9SBC94</b>
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Telecommunications Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 307.25 <b>Transaction ID : VNV0F9SE0P3</b>
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Telecommunications Services	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Attitash Grand Summit Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address PO Box 308		Amount of Each Disbursement this Period 135.55 <b>Transaction ID : VNV0F9S8Z59</b>
City Bartlett	State NH	
Zip Code 03812-0308	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	752.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Attitash Grand Summit Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address PO Box 308		Amount of Each Disbursement this Period 85.40
City Bartlett	State NH	
Zip Code 03812-0308	Purpose of Disbursement Food/Beverage	Transaction ID : VNV0F9S8Z67
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 915 S 500 E Ste 200		Amount of Each Disbursement this Period 27.95
City American Fork	State UT	
Zip Code 84003-3373	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VNV0F9S6H45
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 915 S 500 E Ste 200		Amount of Each Disbursement this Period 17.95
City American Fork	State UT	
Zip Code 84003-3373	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : VNV0F9S6H53
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	131.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 915 S 500 E Ste 200		Amount of Each Disbursement this Period 27.95
City American Fork	State UT Zip Code 84003-3373	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	<b>Transaction ID : VNV0F9S93C1</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 915 S 500 E Ste 200		Amount of Each Disbursement this Period 17.95
City American Fork	State UT Zip Code 84003-3373	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	<b>Transaction ID : VNV0F9S93D9</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 915 S 500 E Ste 200		Amount of Each Disbursement this Period 27.95
City American Fork	State UT Zip Code 84003-3373	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	<b>Transaction ID : VNV0F9SDYD8</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	73.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 915 S 500 E Ste 200		Amount of Each Disbursement this Period 17.95
City American Fork	State UT Zip Code 84003-3373	
Purpose of Disbursement Credit Card Processing Fees	Category/Type	<b>Transaction ID : VNV0F9SDYE6</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. B&amp;B Offset Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 331 High St		Amount of Each Disbursement this Period 43.75
City Somersworth	State NH Zip Code 03878-1828	
Purpose of Disbursement Printing	Category/Type	<b>Transaction ID : VNV0F9S91Y0</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. B&amp;B Offset Printing Company</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 331 High St		Amount of Each Disbursement this Period 3070.09
City Somersworth	State NH Zip Code 03878-1828	
Purpose of Disbursement Printing	Category/Type	<b>Transaction ID : VNV0F9S91W4</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3131.79
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. B&amp;B Offset Printing Company</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 331 High St			Amount of Each Disbursement this Period 1730.00
City Somersworth	State NH	Zip Code 03878-1828	
Purpose of Disbursement Printing		Category/ Type	<b>Transaction ID : VNV0F9S91X2</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. B&amp;B Offset Printing Company</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 331 High St			Amount of Each Disbursement this Period 1133.02
City Somersworth	State NH	Zip Code 03878-1828	
Purpose of Disbursement Printing		Category/ Type	<b>Transaction ID : VNV0F9S91Z8</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. BP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address RT 125			Amount of Each Disbursement this Period 20.50
City Epping	State NH	Zip Code 03042	
Purpose of Disbursement Travel		Category/ Type	<b>Transaction ID : VNV0F9S6YR9</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2883.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. BP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address RT 125		Amount of Each Disbursement this Period 4,000.00 Transaction ID : VNV0F9SE0N5
City Epping	State NH	
Zip Code 03042	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Carroll County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address PO Box 993		Amount of Each Disbursement this Period 150.00 Transaction ID : VNV0F9S6Y60
City Conway	State NH	
Zip Code 03818-0993	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Carroll County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address PO Box 993		Amount of Each Disbursement this Period 260.00 Transaction ID : VNV0F9S6Y77
City Conway	State NH	
Zip Code 03818-0993	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	430.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Council for a Livable World Candidate Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 15.75 Transaction ID : VNV0F9S6GN7
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Council for a Livable World Candidate Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 25.00 Transaction ID : VNV0F9S6Y52
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Council for a Livable World Candidate Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 4.00 Transaction ID : VNV0F9S82A6
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Council for a Livable World Candidate Fund</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 322 4th St NE			Amount of Each Disbursement this Period 12.75 <b>Transaction ID : VNV0F9S8YN2</b>
City Washington	State DC	Zip Code 20002-5824	
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Council for a Livable World Candidate Fund</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 322 4th St NE			Amount of Each Disbursement this Period 1.25 <b>Transaction ID : VNV0F9S8YP0</b>
City Washington	State DC	Zip Code 20002-5824	
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C. Council for a Livable World Candidate Fund</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 322 4th St NE			Amount of Each Disbursement this Period 7.50 <b>Transaction ID : VNV0F9SABH8</b>
City Washington	State DC	Zip Code 20002-5824	
Purpose of Disbursement Credit Card Processing Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Council for a Livable World Candidate Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 1.25 <b>Transaction ID : VNV0F9SDVX8</b>
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Council for a Livable World Candidate Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 4.05 <b>Transaction ID : VNV0F9SBMV2</b>
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Council for a Livable World Candidate Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : VNV0F9SDCD1</b>
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16.55
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Council for a Livable World Candidate Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 12.50
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	<b>Transaction ID : VNV0F9SDCC3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Council for a Livable World Candidate Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 0.25
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	<b>Transaction ID : VNV0F9SESG8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Council for a Livable World Candidate Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 322 4th St NE		Amount of Each Disbursement this Period 2.50
City Washington State DC Zip Code 20002-5824	Purpose of Disbursement Credit Card Processing Fees	
Candidate Name	Category/Type	<b>Transaction ID : VNV0F9SET88</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15.25
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Madeline DeSantis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 36 Market St Apt C		Amount of Each Disbursement this Period 925.38
City Somersworth	State NH Zip Code 03878-2766	
Purpose of Disbursement Fundraising Consulting Services	Category/Type	<b>Transaction ID : VNV0F9S6Z36</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Madeline DeSantis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 36 Market St Apt C		Amount of Each Disbursement this Period 3035.43
City Somersworth	State NH Zip Code 03878-2766	
Purpose of Disbursement Fundraising Consulting Services	Category/Type	<b>Transaction ID : VNV0F9S9239</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Madeline DeSantis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 36 Market St Apt C		Amount of Each Disbursement this Period 2188.98
City Somersworth	State NH Zip Code 03878-2766	
Purpose of Disbursement Fundraising Consulting Services	Category/Type	<b>Transaction ID : VNV0F9S9247</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6149.79
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Madeline DeSantis</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 36 Market St Apt C		Amount of Each Disbursement this Period 845.70
City Somersworth	State NH	
Zip Code 03878-2766	Purpose of Disbursement Fundraising Consulting Services	Transaction ID : VNV0F9SBC60
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Madeline DeSantis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 36 Market St Apt C		Amount of Each Disbursement this Period 1667.35
City Somersworth	State NH	
Zip Code 03878-2766	Purpose of Disbursement Fundraising Consulting Services	Transaction ID : VNV0F9SDZ81
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Madeline DeSantis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 36 Market St Apt C		Amount of Each Disbursement this Period 1271.21
City Somersworth	State NH	
Zip Code 03878-2766	Purpose of Disbursement Salary	Transaction ID : VNV0F9SDZ73
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3784.26
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Madeline DeSantis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 36 Market St Apt C		Amount of Each Disbursement this Period 142.29
City Somersworth	State NH Zip Code 03878-2766	
Purpose of Disbursement Fundraising Consulting Services	Candidate Name	Transaction ID : VNV0F9SDZ99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Madeline DeSantis</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 36 Market St Apt C		Amount of Each Disbursement this Period 1496.58
City Somersworth	State NH Zip Code 03878-2766	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : VNV0F9SETC0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Enterprise Rent a Car</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 600 Corporate Park Dr		Amount of Each Disbursement this Period 561.86
City Saint Louis	State MO Zip Code 63105-4204	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : VNV0F9S90W1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2200.73
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Evans &amp; Katz LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address PO Box 75357			Amount of Each Disbursement this Period 1276.78
City Washington	State DC	Zip Code 20013-0357	
Purpose of Disbursement Compliance Services		Candidate Name	Transaction ID : VNV0F9S9221
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Evans &amp; Katz LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address PO Box 75357			Amount of Each Disbursement this Period 1021.18
City Washington	State DC	Zip Code 20013-0357	
Purpose of Disbursement Compliance Services		Candidate Name	Transaction ID : VNV0F9SDZT2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type	
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Evans &amp; Katz LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address PO Box 75357			Amount of Each Disbursement this Period 931.18
City Washington	State DC	Zip Code 20013-0357	
Purpose of Disbursement Compliance Services		Candidate Name	Transaction ID : VNV0F9SDZV9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/Type	
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3229.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Eversource</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2015</b>
Mailing Address <b>PO Box 330</b>			Amount of Each Disbursement this Period <b>25.95</b>
City <b>Manchester</b>	State <b>NH</b>	Zip Code <b>03105-0330</b>	
Purpose of Disbursement <b>Utilities</b>		Candidate Name	Transaction ID : <b>VNV0F9S90V3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2016</b>		Category/ Type	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Eversource</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2015</b>
Mailing Address <b>PO Box 330</b>			Amount of Each Disbursement this Period <b>31.45</b>
City <b>Manchester</b>	State <b>NH</b>	Zip Code <b>03105-0330</b>	
Purpose of Disbursement <b>Utilities</b>		Candidate Name	Transaction ID : <b>VNV0F9SBC86</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2016</b>		Category/ Type	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Eversource</b>			Date of Disbursement M M / D D / Y Y Y Y <b>12 / 24 / 2015</b>
Mailing Address <b>PO Box 330</b>			Amount of Each Disbursement this Period <b>31.45</b>
City <b>Manchester</b>	State <b>NH</b>	Zip Code <b>03105-0330</b>	
Purpose of Disbursement <b>Utilities</b>		Candidate Name	Transaction ID : <b>VNV0F9SE0M7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <b>2016</b>		Category/ Type	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>88.85</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 471 Emerson St		Amount of Each Disbursement this Period 20.00
City Palo Alto	State CA	
Zip Code 94301-1605	Purpose of Disbursement Advertising	Transaction ID : VNV0F9S6GR1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 1.99
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Data Storage	Transaction ID : VNV0F9S6YT5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 1.99
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Data Storage	Transaction ID : VNV0F9S6Z69
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23.98
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 1.99
City Mountain View	State CA Zip Code 94043-1351	
Purpose of Disbursement Data Storage	Category/Type	<b>Transaction ID : VNV0F9S93R6</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 1.99
City Mountain View	State CA Zip Code 94043-1351	
Purpose of Disbursement Data Storage	Category/Type	<b>Transaction ID : VNV0F9SBC52</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 1.99
City Mountain View	State CA Zip Code 94043-1351	
Purpose of Disbursement Data Storage	Category/Type	<b>Transaction ID : VNV0F9SDZW7</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5.97
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 1.99
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement Data Storage	Transaction ID : VNV0F9SDZX5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Granite Steak &amp; Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 11 Farmington Rd		Amount of Each Disbursement this Period 43.69
City Rochester	State NH	
Zip Code 03867-4305	Purpose of Disbursement Food/Beverage	Transaction ID : VNV0F9SBBV3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 28.68
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9S6HF2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	74.36
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 29.58
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 26.32
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 21.57
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	77.47
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 17.72
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9S8ZC4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 32.00
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9S8ZD2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 18.99
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9SBBG6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68.71
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 127 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 28.67
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9SBBH4
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 15.20
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9SBBN6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 26.15
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9SDY71
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	70.02
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 128 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 24.48
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9SDY89
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 25.95
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9SDY96
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gulf Oil Station</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015
Mailing Address 2 Highland St		Amount of Each Disbursement this Period 19.03
City Rochester	State NH	
Zip Code 03868-8524	Purpose of Disbursement Travel	Transaction ID : VNV0F9SDYA4
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	69.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gulf Oil Station</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 2 Highland St			Amount of Each Disbursement this Period 27.62
City Rochester	State NH	Zip Code 03868-8524	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : VNV0F9SDYB2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State:	District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Gulf Oil Station</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 2 Highland St			Amount of Each Disbursement this Period 27.74
City Rochester	State NH	Zip Code 03868-8524	
Purpose of Disbursement Travel		Candidate Name	Transaction ID : VNV0F9SDYC0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State:	District:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>c. Harvard Pilgrim Health Care</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 93 Worcester St			Amount of Each Disbursement this Period 357.74
City Wellesley	State MA	Zip Code 02481-3609	
Purpose of Disbursement Insurance		Candidate Name	Transaction ID : VNV0F9SE0R9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
State:	District:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	413.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Holmwood's Furniture</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 411 NH-108		Amount of Each Disbursement this Period 241.30 <b>Transaction ID : VNV0F9SBD39</b>
City Somersworth State NH Zip Code 03878	Purpose of Disbursement Office Furniure Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JetBlue Airways Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address PO Box 17435		Amount of Each Disbursement this Period 361.20 <b>Transaction ID : VNV0F9S6H20</b>
City Salt Lake City State UT Zip Code 84117-0435	Purpose of Disbursement Travel Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. JSTREET PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address PO Box 33106		Amount of Each Disbursement this Period 32.50 <b>Transaction ID : VNV0F9SBVV7</b>
City Washington State DC Zip Code 20033-0106	Purpose of Disbursement Credit Card Processing Fees Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	635.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. JSTREET PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2015
Mailing Address PO Box 33106			Amount of Each Disbursement this Period 4.87
City Washington	State DC	Zip Code 20033-0106	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	<b>Transaction ID : VNV0F9SDPC3</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. JSTREET PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address PO Box 33106			Amount of Each Disbursement this Period 3.25
City Washington	State DC	Zip Code 20033-0106	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	<b>Transaction ID : VNV0F9SDW77</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. JSTREET PAC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address PO Box 33106			Amount of Each Disbursement this Period 177.12
City Washington	State DC	Zip Code 20033-0106	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	<b>Transaction ID : VNV0F9SFM19</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	185.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kathleen Conroy</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015		
Mailing Address 158 Northwood Rd			Amount of Each Disbursement this Period 350.00		
City Strafford	State NH	Zip Code 03884-6739	Transaction ID : VNV0F9S6YX8		
Purpose of Disbursement Rent		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Kathleen Conroy</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015		
Mailing Address 158 Northwood Rd			Amount of Each Disbursement this Period 350.00		
City Strafford	State NH	Zip Code 03884-6739	Transaction ID : VNV0F9S9255		
Purpose of Disbursement Rent		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Kathleen Conroy</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2015		
Mailing Address 158 Northwood Rd			Amount of Each Disbursement this Period 350.00		
City Strafford	State NH	Zip Code 03884-6739	Transaction ID : VNV0F9SE074		
Purpose of Disbursement Rent		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 170  
(check only one)  
 17     18     19a     19b  
                   20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Liberty Concepts</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 119 Braintree St Ste 211		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VNV0F9S6YG6</b>
City Allston State MA Zip Code 02134-1641	Purpose of Disbursement Website Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Liberty Concepts</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 119 Braintree St Ste 211		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VNV0F9S9213</b>
City Allston State MA Zip Code 02134-1641	Purpose of Disbursement Website Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Liberty Concepts</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 119 Braintree St Ste 211		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : VNV0F9SDZY3</b>
City Allston State MA Zip Code 02134-1641	Purpose of Disbursement Website Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Maine Community Health Options</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 150 Mill St		Amount of Each Disbursement this Period 286.34
City Lewiston	State ME Zip Code 04240-3100	
Purpose of Disbursement Insurance	Candidate Name	Transaction ID : VNV0F9S6HD6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Maine Community Health Options</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 150 Mill St		Amount of Each Disbursement this Period 286.34
City Lewiston	State ME Zip Code 04240-3100	
Purpose of Disbursement Insurance	Candidate Name	Transaction ID : VNV0F9S93E7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Maine Community Health Options</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 150 Mill St		Amount of Each Disbursement this Period 286.34
City Lewiston	State ME Zip Code 04240-3100	
Purpose of Disbursement Insurance	Candidate Name	Transaction ID : VNV0F9SDZA7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	859.02
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mel Flanagan's Irish Pub</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2015</b>
Mailing Address <b>50 N Main St</b>		Amount of Each Disbursement this Period <b>34.33</b> <b>Transaction ID : VNV0F9S6Z44</b>
City <b>Rochester</b> State <b>NH</b> Zip Code <b>03867-1905</b>	Purpose of Disbursement <b>Food/Beverage</b>	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mel Flanagan's Irish Pub</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2015</b>
Mailing Address <b>50 N Main St</b>		Amount of Each Disbursement this Period <b>250.09</b> <b>Transaction ID : VNV0F9S9103</b>
City <b>Rochester</b> State <b>NH</b> Zip Code <b>03867-1905</b>	Purpose of Disbursement <b>Food/Beverage</b>	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mel Flanagan's Irish Pub</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 13 / 2015</b>
Mailing Address <b>50 N Main St</b>		Amount of Each Disbursement this Period <b>175.32</b> <b>Transaction ID : VNV0F9S9111</b>
City <b>Rochester</b> State <b>NH</b> Zip Code <b>03867-1905</b>	Purpose of Disbursement <b>Food/Beverage</b>	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>459.74</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. MetroCast</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 21 Jarvis Ave		Amount of Each Disbursement this Period 199.90 <b>Transaction ID : VNV0F9S92E6</b>
City Rochester	State NH Zip Code 03868-8800	
Purpose of Disbursement Utilities	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MetroCast</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 21 Jarvis Ave		Amount of Each Disbursement this Period 99.95 <b>Transaction ID : VNV0F9SDZC1</b>
City Rochester	State NH Zip Code 03868-8800	
Purpose of Disbursement Utilities	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Council on Compensation Insurance, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 901 Peninsula Corporate Cir		Amount of Each Disbursement this Period 1267.00 <b>Transaction ID : VNV0F9S6Z93</b>
City Boca Raton	State FL Zip Code 33487-1339	
Purpose of Disbursement Insurance	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1566.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Times</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015
Mailing Address 620 8th Ave		Amount of Each Disbursement this Period 18.00
City New York	State NY	
Zip Code 10018-1618	Purpose of Disbursement Subscription	Transaction ID : VNV0F9S6H12
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New York Times</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 620 8th Ave		Amount of Each Disbursement this Period 22.50
City New York	State NY	
Zip Code 10018-1618	Purpose of Disbursement Subscription	Transaction ID : VNV0F9S93Q8
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. New York Times</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 620 8th Ave		Amount of Each Disbursement this Period 36.00
City New York	State NY	
Zip Code 10018-1618	Purpose of Disbursement Subscription	Transaction ID : VNV0F9SBBR0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. New York Times</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 14 / 2015</b>
Mailing Address <b>620 8th Ave</b>		Amount of Each Disbursement this Period <b>27.00</b>
City <b>New York</b> State <b>NY</b> Zip Code <b>10018-1618</b>	Purpose of Disbursement <b>Subscription</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>VNV0F9SE082</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2015</b>
Mailing Address <b>1101 15th St NW Ste 500</b>		Amount of Each Disbursement this Period <b>900.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20005-5006</b>	Purpose of Disbursement <b>Software Services</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>VNV0F9S6HB1</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2015</b>
Mailing Address <b>1101 15th St NW Ste 500</b>		Amount of Each Disbursement this Period <b>900.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20005-5006</b>	Purpose of Disbursement <b>Software Services</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>VNV0F9S93B3</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1827.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : VNV0F9SDYK5</b>
City Washington State DC Zip Code 20005-5006	Purpose of Disbursement Software Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Omni Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 420 Decker Dr Ste 200		Amount of Each Disbursement this Period 131.76 <b>Transaction ID : VNV0F9S8YV0</b>
City Irving State TX Zip Code 75062-3988	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Omni Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 420 Decker Dr Ste 200		Amount of Each Disbursement this Period 179.91 <b>Transaction ID : VNV0F9S8YW8</b>
City Irving State TX Zip Code 75062-3988	Purpose of Disbursement Lodging	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1211.67
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Omni Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 420 Decker Dr Ste 200		Amount of Each Disbursement this Period 8.75
City Irving	State TX Zip Code 75062-3988	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : VNV0F9S8YX5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Omni Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 420 Decker Dr Ste 200		Amount of Each Disbursement this Period 123.41
City Irving	State TX Zip Code 75062-3988	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : VNV0F9S8YY3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Omni Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 420 Decker Dr Ste 200		Amount of Each Disbursement this Period 41.30
City Irving	State TX Zip Code 75062-3988	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : VNV0F9S8Z09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	173.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Omni Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 420 Decker Dr Ste 200		Amount of Each Disbursement this Period 64.49
City Irving	State TX Zip Code 75062-3988	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : VNV0F9S8Z17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Omni Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 420 Decker Dr Ste 200		Amount of Each Disbursement this Period 1.01
City Irving	State TX Zip Code 75062-3988	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : VNV0F9S8Z25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Omni Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 420 Decker Dr Ste 200		Amount of Each Disbursement this Period 109.21
City Irving	State TX Zip Code 75062-3988	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : VNV0F9S8Z33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	174.71
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Omni Hotels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address 420 Decker Dr Ste 200		Amount of Each Disbursement this Period 163.47
City Irving	State TX Zip Code 75062-3988	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : VNV0F9S8Z41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 1346.05
City Brunswick	State ME Zip Code 04011-1509	
Purpose of Disbursement Payroll Taxes	Candidate Name	Transaction ID : VNV0F9S6YE0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 21.75
City Brunswick	State ME Zip Code 04011-1509	
Purpose of Disbursement Payroll Services	Candidate Name	Transaction ID : VNV0F9S6YF8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1531.27
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 1331.05
City Brunswick	State ME	
Zip Code 04011-1509	Purpose of Disbursement Payroll Taxes	Transaction ID : VNV0F9S6YC4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 66.75
City Brunswick	State ME	
Zip Code 04011-1509	Purpose of Disbursement Payroll Services	Transaction ID : VNV0F9S6YD2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 1331.05
City Brunswick	State ME	
Zip Code 04011-1509	Purpose of Disbursement Payroll Taxes	Transaction ID : VNV0F9S92H0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2728.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 21.75
City Brunswick	State ME	
Zip Code 04011-1509	Purpose of Disbursement Payroll Services	Transaction ID : VNV0F9S92J8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 1671.44
City Brunswick	State ME	
Zip Code 04011-1509	Purpose of Disbursement Payroll Taxes	Transaction ID : VNV0F9SBBZ5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 25.50
City Brunswick	State ME	
Zip Code 04011-1509	Purpose of Disbursement Payroll Services	Transaction ID : VNV0F9SBC03
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1718.69
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

**A. Paper Trails**

Full Name (Last, First, Middle Initial)  
Mailing Address 12 Federal St

City Brunswick State ME Zip Code 04011-1509

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 03 / 2015

Amount of Each Disbursement this Period: 1671.43

Transaction ID : VNV0F9SDYP9

**B. Paper Trails**

Full Name (Last, First, Middle Initial)  
Mailing Address 12 Federal St

City Brunswick State ME Zip Code 04011-1509

Purpose of Disbursement Payroll Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 03 / 2015

Amount of Each Disbursement this Period: 25.50

Transaction ID : VNV0F9SDYQ7

**C. Paper Trails**

Full Name (Last, First, Middle Initial)  
Mailing Address 12 Federal St

City Brunswick State ME Zip Code 04011-1509

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 17 / 2015

Amount of Each Disbursement this Period: 2369.12

Transaction ID : VNV0F9SDYR5

**SUBTOTAL** of Disbursements This Page (optional) ..... 4066.05

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 29.25
City Brunswick	State ME	
Zip Code 04011-1509	Purpose of Disbursement Payroll Services	Transaction ID : VNV0F9SDYS3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 2429.45
City Brunswick	State ME	
Zip Code 04011-1509	Purpose of Disbursement Payroll Taxes	Transaction ID : VNV0F9SDYT1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paper Trails</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 12 Federal St		Amount of Each Disbursement this Period 29.25
City Brunswick	State ME	
Zip Code 04011-1509	Purpose of Disbursement Payroll Services	Transaction ID : VNV0F9SDYV9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2487.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carol Perry</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015
Mailing Address 88 Evans Mountain Rd			Amount of Each Disbursement this Period 666.54 <b>Transaction ID : VNV0F9SBC29</b>
City Strafford	State NH	Zip Code 03884-6507	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Carol Perry</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 88 Evans Mountain Rd			Amount of Each Disbursement this Period 666.54 <b>Transaction ID : VNV0F9SDZ58</b>
City Strafford	State NH	Zip Code 03884-6507	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>C. Carol Perry</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015
Mailing Address 88 Evans Mountain Rd			Amount of Each Disbursement this Period 666.54 <b>Transaction ID : VNV0F9SDZ66</b>
City Strafford	State NH	Zip Code 03884-6507	
Purpose of Disbursement Salary		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1999.62
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carol Perry</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 88 Evans Mountain Rd		Amount of Each Disbursement this Period 666.54 <b>Transaction ID : VNV0F9SETD7</b>
City Strafford	State NH	
Zip Code 03884-6507	Purpose of Disbursement Salary	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Puritan Backroom</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 245 Hooksett Rd		Amount of Each Disbursement this Period 47.60 <b>Transaction ID : VNV0F9S9380</b>
City Manchester	State NH	
Zip Code 03104-2641	Purpose of Disbursement Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Puritan Backroom</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 245 Hooksett Rd		Amount of Each Disbursement this Period 26.00 <b>Transaction ID : VNV0F9S9397</b>
City Manchester	State NH	
Zip Code 03104-2641	Purpose of Disbursement Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	740.14
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 149 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Puritan Backroom</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 245 Hooksett Rd		Amount of Each Disbursement this Period 105.20 Transaction ID : VNV0F9SBBJ2
City Manchester	State NH	
Zip Code 03104-2641	Purpose of Disbursement Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Puritan Backroom</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address 245 Hooksett Rd		Amount of Each Disbursement this Period 60.05 Transaction ID : VNV0F9SDZD9
City Manchester	State NH	
Zip Code 03104-2641	Purpose of Disbursement Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Puritan Backroom</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015
Mailing Address 245 Hooksett Rd		Amount of Each Disbursement this Period 50.85 Transaction ID : VNV0F9SDZE7
City Manchester	State NH	
Zip Code 03104-2641	Purpose of Disbursement Food/Beverage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	216.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Revolution Tap Room</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 61 N Main St		Amount of Each Disbursement this Period 41.88
City Rochester	State NH	
Zip Code 03867-1906	Purpose of Disbursement Food/Beverage	Transaction ID : VNV0F9S6HH8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Revolution Tap Room</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 61 N Main St		Amount of Each Disbursement this Period 52.52
City Rochester	State NH	
Zip Code 03867-1906	Purpose of Disbursement Food/Beverage	Transaction ID : VNV0F9S93A5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Revolution Tap Room</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 61 N Main St		Amount of Each Disbursement this Period 135.11
City Rochester	State NH	
Zip Code 03867-1906	Purpose of Disbursement Food/Beverage	Transaction ID : VNV0F9SBBS7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	229.11
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Revolution Tap Room</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015
Mailing Address 61 N Main St		Amount of Each Disbursement this Period 66.50 <b>Transaction ID : VNV0F9SE0S6</b>
City Rochester	State NH Zip Code 03867-1906	
Purpose of Disbursement Food/Beverage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shirley Sauvageau</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2015
Mailing Address 149 Stage Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV0F9S6HC9</b>
City Nottingham	State NH Zip Code 03290-6401	
Purpose of Disbursement Data Support Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shirley Sauvageau</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 149 Stage Rd		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VNV0F9S9206</b>
City Nottingham	State NH Zip Code 03290-6401	
Purpose of Disbursement Data Support Services		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1066.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shirley Sauvageau</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 149 Stage Rd		Amount of Each Disbursement this Period 500.00
City Nottingham	State NH	
Zip Code 03290-6401	Purpose of Disbursement Data Support Services	Transaction ID : VNV0F9SDZG3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shirley Sauvageau</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 149 Stage Rd		Amount of Each Disbursement this Period 98.00
City Nottingham	State NH	
Zip Code 03290-6401	Purpose of Disbursement Reimb - Postage	Transaction ID : VNV0F9SDZH0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 475 Lenfant Plz SW		Amount of Each Disbursement this Period 98.00
City Washington	State DC	
Zip Code 20260-0004	Purpose of Disbursement Postage	Transaction ID : VNV0F9SDZJ8
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	598.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Seacoast Media Group</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 111 Nh Ave			Amount of Each Disbursement this Period 21.20 <b>Transaction ID : VNV0F9S90D3</b>
City Portsmouth	State NH	Zip Code 03801-2864	
Purpose of Disbursement Subscription		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Seacoast Media Group</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address 111 Nh Ave			Amount of Each Disbursement this Period 21.20 <b>Transaction ID : VNV0F9SBC44</b>
City Portsmouth	State NH	Zip Code 03801-2864	
Purpose of Disbursement Subscription		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. Seacoast Media Group</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 111 Nh Ave			Amount of Each Disbursement this Period 21.20 <b>Transaction ID : VNV0F9SE0F7</b>
City Portsmouth	State NH	Zip Code 03801-2864	
Purpose of Disbursement Subscription		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63.60
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shibley's at the Pier</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address Rte 11, 42 Mt Major Hwy		Amount of Each Disbursement this Period 93.12
City Alton Bay State NH Zip Code 03810-4409	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	Transaction ID : VNV0F9S6H61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Snyder Pickerill Media Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 230 W Huron St Ste 5E		Amount of Each Disbursement this Period 600.00
City Chicago State IL Zip Code 60654-3933	Purpose of Disbursement Media Production Services	
Candidate Name	Category/Type	Transaction ID : VNV0F9SABE4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 109.00
City Dallas State TX Zip Code 75235-1647	Purpose of Disbursement Travel	
Candidate Name	Category/Type	Transaction ID : VNV0F9S6Y85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	802.12
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 109.00
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel	Transaction ID : VNV0F9S6Y93
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 8.00
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel	Transaction ID : VNV0F9S6YW0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address PO Box 36647		Amount of Each Disbursement this Period 217.96
City Dallas	State TX	
Zip Code 75235-1647	Purpose of Disbursement Travel	Transaction ID : VNV0F9SBBY7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	334.96
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 156 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 52.29
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 9.78
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 130.78
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	192.85
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2015</b>
Mailing Address <b>500 Staples Dr</b>		Amount of Each Disbursement this Period <b>25.16</b>
City <b>Framingham</b>	State <b>MA</b>	
Zip Code <b>01702-4474</b>	Purpose of Disbursement <b>Office Supplies</b>	<b>Transaction ID : VNV0F9S6GY8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2015</b>
Mailing Address <b>500 Staples Dr</b>		Amount of Each Disbursement this Period <b>142.46</b>
City <b>Framingham</b>	State <b>MA</b>	
Zip Code <b>01702-4474</b>	Purpose of Disbursement <b>Office Supplies</b>	<b>Transaction ID : VNV0F9S6GZ6</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 05 / 2015</b>
Mailing Address <b>500 Staples Dr</b>		Amount of Each Disbursement this Period <b>36.55</b>
City <b>Framingham</b>	State <b>MA</b>	
Zip Code <b>01702-4474</b>	Purpose of Disbursement <b>Office Supplies</b>	<b>Transaction ID : VNV0F9S93W8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>204.17</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 103.10
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 66.29
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 162.45
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	331.84
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 159 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 64.28
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Transaction ID : VNV0F9SE025
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 39.96
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Transaction ID : VNV0F9SE033
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2015
Mailing Address 500 Staples Dr		Amount of Each Disbursement this Period 107.94
City Framingham	State MA	
Zip Code 01702-4474	Purpose of Disbursement Office Supplies	Transaction ID : VNV0F9SE041
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	212.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 160 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Strafford County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 07 / 2015</b>
Mailing Address <b>PO Box 247</b>		Amount of Each Disbursement this Period <b>250.00</b> <b>Transaction ID : VNV0F9S6GQ3</b>
City <b>Dover</b>	State <b>NH</b>	
Zip Code <b>03821-0247</b>	Purpose of Disbursement <b>Advertising</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Target</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 22 / 2015</b>
Mailing Address <b>1000 Nicollet Mall</b>		Amount of Each Disbursement this Period <b>17.97</b> <b>Transaction ID : VNV0F9SE0J1</b>
City <b>Minneapolis</b>	State <b>MN</b>	
Zip Code <b>55403-2542</b>	Purpose of Disbursement <b>Office Supplies</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2015</b>
Mailing Address <b>1 Old Dover Rd</b>		Amount of Each Disbursement this Period <b>0.85</b> <b>Transaction ID : VNV0F9S6H79</b>
City <b>Rochester</b>	State <b>NH</b>	
Zip Code <b>03867-3460</b>	Purpose of Disbursement <b>Bank Fees</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>268.82</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 19.95
City Rochester	State NH	
Zip Code 03867-3460	Purpose of Disbursement Bank Fees	Transaction ID : VNV0F9S6H87
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 0.13
City Rochester	State NH	
Zip Code 03867-3460	Purpose of Disbursement Bank Fees	Transaction ID : VNV0F9S6H95
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 24.05
City Rochester	State NH	
Zip Code 03867-3460	Purpose of Disbursement Bank Fees	Transaction ID : VNV0F9S6HA3
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.13
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : VNV0F9S93F5</b>
City Rochester	State NH Zip Code 03867-3460	
Purpose of Disbursement Bank Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 24.05 <b>Transaction ID : VNV0F9S93G3</b>
City Rochester	State NH Zip Code 03867-3460	
Purpose of Disbursement Bank Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 0.13 <b>Transaction ID : VNV0F9S93H1</b>
City Rochester	State NH Zip Code 03867-3460	
Purpose of Disbursement Bank Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.13
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 0.85 <b>Transaction ID : VNV0F9S93J9</b>
City Rochester	State NH Zip Code 03867-3460	
Purpose of Disbursement Bank Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 0.85 <b>Transaction ID : VNV0F9SDYF4</b>
City Rochester	State NH Zip Code 03867-3460	
Purpose of Disbursement Bank Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 24.05 <b>Transaction ID : VNV0F9SDYG2</b>
City Rochester	State NH Zip Code 03867-3460	
Purpose of Disbursement Bank Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25.75
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 170			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 19.95
City Rochester	State NH Zip Code 03867-3460	
Purpose of Disbursement Bank Fees	Candidate Name	Transaction ID : VNV0F9SDYH0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. TD Banknorth</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 1 Old Dover Rd		Amount of Each Disbursement this Period 0.13
City Rochester	State NH Zip Code 03867-3460	
Purpose of Disbursement Bank Fees	Candidate Name	Transaction ID : VNV0F9SDYJ8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. The Bridge Cafe on Elm</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 1117 Elm St		Amount of Each Disbursement this Period 268.75
City Manchester	State NH Zip Code 03101-1506	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : VNV0F9S6YZ4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	288.83
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Bridge Cafe on Elm</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address 1117 Elm St		Amount of Each Disbursement this Period 8.56
City Manchester	State NH	
Zip Code 03101-1506	Purpose of Disbursement Food/Beverage	Transaction ID : VNV0F9SE058
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Friendly Toast</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 113 Congress St		Amount of Each Disbursement this Period 62.00
City Portsmouth	State NH	
Zip Code 03801-4005	Purpose of Disbursement Food/Beverage	Transaction ID : VNV0F9SBBT5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Governor's Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2015
Mailing Address 78 Wakefield St		Amount of Each Disbursement this Period 93.00
City Rochester	State NH	
Zip Code 03867-1959	Purpose of Disbursement Food/Beverage	Transaction ID : VNV0F9S6YQ1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	163.56
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Governor's Inn</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2015</b>
Mailing Address <b>78 Wakefield St</b>		Amount of Each Disbursement this Period <b>34.76</b>
City <b>Rochester</b>	State <b>NH</b>	
Zip Code <b>03867-1959</b>	Purpose of Disbursement <b>Food/Beverage</b>	<b>Transaction ID : VNV0F9S6Z85</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Governor's Inn</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 18 / 2015</b>
Mailing Address <b>78 Wakefield St</b>		Amount of Each Disbursement this Period <b>181.32</b>
City <b>Rochester</b>	State <b>NH</b>	
Zip Code <b>03867-1959</b>	Purpose of Disbursement <b>Food/Beverage</b>	<b>Transaction ID : VNV0F9SE0D2</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2015</b>
Mailing Address <b>475 Lenfant Plz SW</b>		Amount of Each Disbursement this Period <b>19.60</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20260-0004</b>	Purpose of Disbursement <b>Postage</b>	<b>Transaction ID : VNV0F9S6GS8</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>235.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 170			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2015</b>
Mailing Address <b>475 Lenfant Plz SW</b>		Amount of Each Disbursement this Period <b>19.60</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20260-0004</b>	Purpose of Disbursement <b>Postage</b>	<b>Transaction ID : VNV0F9S9091</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 26 / 2015</b>
Mailing Address <b>475 Lenfant Plz SW</b>		Amount of Each Disbursement this Period <b>38.00</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20260-0004</b>	Purpose of Disbursement <b>PO Box Rental</b>	<b>Transaction ID : VNV0F9S90T5</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 03 / 2015</b>
Mailing Address <b>475 Lenfant Plz SW</b>		Amount of Each Disbursement this Period <b>208.60</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20260-0004</b>	Purpose of Disbursement <b>Postage</b>	<b>Transaction ID : VNV0F9SDZB5</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>266.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 170			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2015
Mailing Address PO Box 19769		Amount of Each Disbursement this Period 1111.75
City Irvine	State CA	
Zip Code 92623-9769	Purpose of Disbursement Telecommunications Services	Transaction ID : VNV0F9S90Z5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address PO Box 19769		Amount of Each Disbursement this Period 470.07
City Irvine	State CA	
Zip Code 92623-9769	Purpose of Disbursement Telecommunications Services	Transaction ID : VNV0F9SBBM8
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2015
Mailing Address PO Box 19769		Amount of Each Disbursement this Period 337.75
City Irvine	State CA	
Zip Code 92623-9769	Purpose of Disbursement Telecommunications Services	Transaction ID : VNV0F9SE0B6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1919.57
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 169 OF 170	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. Zampa</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 8 Exeter Rd		Amount of Each Disbursement this Period 115.00
City Epping	State NH Zip Code 03042-2208	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : VNV0F9SBBW1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Zampa</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 8 Exeter Rd		Amount of Each Disbursement this Period 130.09
City Epping	State NH Zip Code 03042-2208	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : VNV0F9SBBX9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	245.09
<b>TOTAL</b> This Period (last page this line number only).....	79963.64

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 170 OF 170	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Carol Shea-Porter for Congress**

Full Name (Last, First, Middle Initial) <b>A. New Hampshire Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015
Mailing Address 105 N State St		Amount of Each Disbursement this Period 100.00
City Concord	State NH	
Zip Code 03301-4334	Purpose of Disbursement Tickets to Event	Transaction ID : VNV0F9SBD21
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Hampshire Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015
Mailing Address 105 N State St		Amount of Each Disbursement this Period 1000.00
City Concord	State NH	
Zip Code 03301-4334	Purpose of Disbursement Event Sponsorship	Transaction ID : VNV0F9SE0E0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Rockingham County Democratic Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address PO Box 723		Amount of Each Disbursement this Period 80.00
City Hampton	State NH	
Zip Code 03843-0723	Purpose of Disbursement Non-Federal Contribution	Transaction ID : VNV0F9S8Z82
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1180.00
<b>TOTAL</b> This Period (last page this line number only).....	1180.00